

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI
SOUTHERN DIVISION

In Re:)	
)	
Catherine Rannow,)	
)	
Debtor,)	Case No. 09-62571-abf7
)	
Catherine Rannow,)	
)	
Plaintiff,)	
)	
Vs.)	Adversary No. 10-06010
)	
Sallie Mae, MOHELA (Missouri Higher)	
Education Loan Authority), ACS/)	
DEUTSCHE Bank and Charter One)	
Bank, N.A.)	

MOTION FOR DEFAULT JUDGMENT

COMES NOW, the Plaintiff/Debtor, Catherine Rolline Rannow, by and through her attorney of record, and respectfully requests that the Court enter a Default Judgment in the above matter against MOHELA (Missouri Higher Education Loan Authority), ACS/Deutsche Bank and Charter One Bank, N.A. for the following reasons:

- 1) The Complaint to Determine the Dischargeability of Certain Student Loan Debts Under 11 U.S.C. 523 was filed with this court on February 16, 2010;
- 2) That said Complaint was served by certified mail on the Defendants in late February, 2010 and early March, 2010. Copies of the return receipts are attached hereto;
- 3) It has been well more than the time allowed for the Defendants to respond to said Complaint;
- 4) There has been no response from the above named Defendants in this matter; and

- 5) The Creditor Sallie Mae and Defendant have already entered into a proposed Stipulation and Order agreeing to discharge the debt owed to Sallie Mae in this matter.

WHEREFORE, the Debtor, respectfully requests that rather than take up additional court time and incur further fees in this matter that the Court enter a Default Judgment in favor of the Plaintiff/Defendant in the above case discharging all debts on the above named Creditors and for such other and further relief as the court deems just and proper in the above matter.

Dated: August 18, 2010.

O'NEIL, O'NEIL & YORK

By 

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7008 3230 0001 4817 8150

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CERTIFIED MAIL™ RECEIPT
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LYNN HAVEN FL 32444

Postage	\$ 00.61	0711
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.71	02/22/2010

Sent To
Sallie Mae
 Street, Apt. No.,
 or PO Box No. **P.O. Box 1002**
 City, State, ZIP+4
Lynn Haven, FL 32444-1683

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0001 4817 8167

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CHESTERFIELD MO 63005

Postage	\$ 00.61	0711
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.71	02/22/2010

Sent To
MOHELA (Mo. Higher Education Loan Auth)
 Street, Apt. No.,
 or PO Box No. **633 Spirit Drive**
 City, State, ZIP+4
Chesterfield, MO 63005

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0001 4817 8181

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NORWOOD MA 02062

Postage	\$ 00.61	0711
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.71	02/22/2010

Sent To
Charter One Bank, N.A.
 Street, Apt. No.,
 or PO Box No. **725 Canton Street**
 City, State, ZIP+4
Norwood, MA 02062

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0001 4817 8174

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

UTICA NY 13501

Postage	\$ 00.61	0711
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.71	02/22/2010

Sent To
ACS/Deutsche Bank
 Street, Apt. No.,
 or PO Box No. **501 Bleecker Street**
 City, State, ZIP+4
Utica, NY 13501

PS Form 3800, August 2006 See Reverse for Instructions


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sallie Mae
P.O. Box 1002
Lynn Haven, FL 32444-1683

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent ☐ Addressee
- B. Received by (Printed Name) PATRICIA M. DE ☐ Agent ☐ Addressee
- C. Date of Delivery 2/26/10
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number **7008 3230 0001 4817 8150**
(Transfer from sender)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

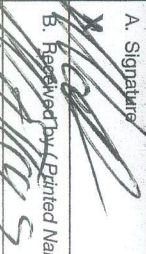
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MOHELA
Mo. Higher Education Loan Auth.
633 Spirit Drive
Chesterfield, MO 63005

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent ☐ Addressee
- B. Received by (Printed Name) PATRICIA M. DE ☐ Agent ☐ Addressee
- C. Date of Delivery 2/26/10
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number **7008 3230 0001 4817 8150**
(Transfer from sender)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charter One Bank, N.A.
725 Canton Street
Norwood, MA 02062

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent
B. Received by (Printed Name) Michael ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7008 3230 0001 4817 8181
(Transfer from se)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ACS/Deutsche Bank
501 Bleecker Street
Utica, NY 13501

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent
☒ Addressee

B. Received by (Printed Name) Michael ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7008 3230 0001 4817 8181